

URBAN SELF-HELP REGIONAL AND STATEWIDE USAGE REPORT

(to be filled out by communities checking the regional or statewide box in Question 6)

Project name and number _____

1. Is the referenced project intended to be: ____ Regional or ____ Statewide

2. What is the population of the applying municipality? _____

3. What municipality(s) is/are located within a 25-mile radius of the proposed project and their populations according to the 2000 state census?

4. What urban area is within a one-hour driving radius?

5. What is the proposed total quantity of vehicle parking spaces? _____

6. If regularly scheduled public transportation serves the site, briefly describe mode and regularity of services. Please attach schedule, if available.

7. List the proposed quantities of the following facilities to be present.

Toilets men _____ women _____

Sinks _____

Potable Water Outlets (i.e. bubblers) _____

8. Total number of acres associated with project site: _____

9. What age groups are served by the proposed project? List facilities to serve these age groups.

Age Group	Facilities
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. List any outstanding or unusual scenic, natural, or historic resources associated with the site, (i.e. overlook, waterfalls, historic structures, cultural resources)

11. List any additional facilities or recreational resources not included in item above:
